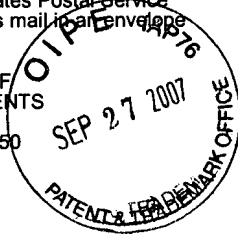
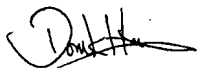


**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service on **Sept 24, 2007** as first class mail in an envelope Addressed to:

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P. O. BOX 1450  
ALEXANDRIA, VA 22313-1450



AFW

DONN K. HARMS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jung EXAMINER: HOUSTON, ELIZABETH

Serial Number 10/528,275 Group Art Unit: 3731

Filing Date: 08/18/2005

For: Stent for Implantation In or Around a Hollow Organ

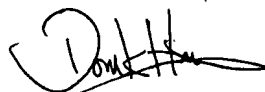
Hon. Commissioner for Patents  
Alexandria, VA 22313-1450

**EXTENSION OF TIME**

Please extend the time for response for *three months* to 09/24/07 (Monday after Sunday the 23<sup>rd</sup>) in the above referenced application. A credit card authorization is attached hereto.

Should additional fees be required, for this, or additionally required extensions, or for any other reason, to examine or to maintain the active status of this application, please charge Deposit Account 07-1338 for any such fees.

Respectfully submitted,



Donn K. Harms  
Reg No 38,911  
Attorney for Applicant

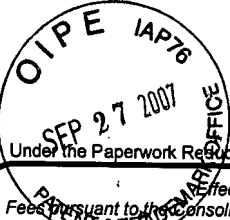
12702 Via Cortina, Ste. 100  
Del Mar, CA 9014  
Tel: (858) 509-1400  
Fax: (858) 509-1677

9/23/07

09/27/2007 CCHAU1 00000040 10528275

01 FC:1253

1020.00 0P



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

### Complete if Known

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/528/275         |
| Filing Date          | 08/18/2005         |
| First Named Inventor | Johannes Jung      |
| Examiner Name        | Houston, Elizabeth |
| Art Unit             | 3731               |
| Attorney Docket No.  | 3283-PAT           |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 07-1338 Deposit Account Name: Gilliam, Duncan & Harms

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

#### 2. EXCESS CLAIM FEES

| Fee Description  | Fee (\$)            | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                   |
| Multiple dependent claims  | 360                 | 180                   |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 20 or HP =   | x                   | =                     |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 3 or HP =  | x                   | =                     |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Extension of Time

Fees Paid (\$)

1020.00

#### SUBMITTED BY

Signature

Registration No. 38,911  
(Attorney/Agent)

Telephone 858-509-1400

Name (Print/Type) DONN K. HARMS

Date September 24, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.